

Claiborne Parish School Board

415 E. Main Street

Homer, LA 71040

Phone: (318) 927-3502

Fax: (318) 927-9184

FALL QUESTIONNAIRE
BUS DRIVERS, JANITORS, PARAS, SECRETARIES, AND
CAFETERIA WORKERS

Date _____

Name _____

School _____

Position _____

Para: () Title I () Special Ed. () Other

Date you began service this school session: _____

Home Mailing Address: _____

Street Route Box Number

City State Zip Code

Telephone Number

Cell Phone Number

Claiborne Parish School Board E-Mail Address: _____

Single: _____ Married: _____ Divorced: _____ Widowed: _____

If married, full name of husband or wife: _____

Name as printed on Social Security card: _____

Please notify Payroll Department of any address changes.

Contact Payroll Department before making direct deposit changes. All changes must be done a week before the next reports due date.

If you had any additions or deletions in your family, please contact the Insurance Department.

PLEASE COMPLETE ALL BLANKS ON THIS QUESTIONNAIRE AND RETURN TO YOUR PRINCIPAL AS SOON AS POSSIBLE!